

**DEPARTMENT OF AGING**

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August 12, 2008

Cynthia Denbo, Executive Director  
Area 1 Agency on Aging  
434 7<sup>th</sup> Street  
Eureka, California 95501

Dear Ms. Denbo:

Enclosed is the corrected final report issued by the California Department of Aging (CDA), which summarizes the onsite comprehensive assessment of the Area 1 Agency on Aging (A1AA), serving Planning and Service Area (PSA) 1. Please disregard the Report of the Comprehensive Assessment Visit issued to your agency on August 7, 2008, as the Findings and Corrective Actions included in the report were incorrect. We apologize for any inconvenience this may have caused.

CDA staff conducted the assessment from April 21-24, 2008. The purpose of the assessment was to review the Administrative, Fiscal, and Program components of your direct and contracted Title III/VII, Title III E, HICAP, and Community-Based Services Programs (CBSP).

The format of the report contains four specific sections that include: Recap/Overview of Monitoring Visit, Best Practices or Models of Service Delivery, Technical Assistance, and Findings and Corrective Actions.

On June 18, 2008, CDA sent A1AA a Report of Findings and Corrective Actions and a Corrective Action Plan (CAP) in an electronic format requesting A1AA, within 30 days, to identify the actions it planned to implement to ensure substantial compliance with all statutory language and program standards that were identified in the CAP. On July 17, 2008, A1AA asked for and was granted a 30-day extension to submit the CAP to CDA. When submitted, CDA will review the CAP and notify the AAA if any additional actions are required or if the CAP is approved as submitted.

We would like to thank you, your staff, the Chair of the Governing Board, and the Chair of the Advisory Council for all the assistance and hospitality during our visit. CDA will conduct a comprehensive assessment of your agency again in 2012.

In the meantime, please do not hesitate to contact us should you or your staff have questions regarding the administration of programs funded through the Older Americans Act or Older Californians Act.

Sincerely,

Geri Baucom, Acting Policy Manager  
Monitoring Protocol Team

Enclosures

cc: Tom Rowe, Chair, Governing Board

Nancy Wilson, Chair, Advisory Council

Lynn Daucher, Director  
California Department of Aging

Edmond P. Long, Acting Deputy Director  
Long-Term Care and Aging Services Division

**AREA 1  
AGENCY ON AGING**

**REPORT OF THE  
COMPREHENSIVE ASSESSMENT VISIT**

**Conducted by the  
California Department of Aging  
April 21-24, 2008**

**CONTENTS**

- **Recap/Overview of Monitoring Visit**
- **Best Practices or Models of Service Delivery**
- **Technical Assistance**
- **Findings and Corrective Actions**

The onsite assessment of the Area 1 Agency on Aging (A1AA) was conducted by staff of the California Department of Aging (CDA) from April 21-24, 2008. Staff present were Geri Baucom, Acting Policy Manager, and Coach, Fiscal and Contracts; and Aging Program Specialists Sandi Hartsock and Tasha Wilson (Administrative); Phil Carr (Data Reporting); Vern Foster (Fiscal); Scott Crackel (Title III B Supportive Services, Information and Assistance, and Disaster Preparedness); Joel Weeden (Title III E Family Caregiver Support Program); Barbara Estrada, R.D., (Title III C Elderly Nutrition Program, Title III D Disease Prevention and Health Promotion, and Brown Bag); Steve Miars (Health Insurance Counseling and Advocacy Program); and Kathleen Hendrickson (Linkages, Adult Day Services, and ADCRC). CDA staff monitored administrative, fiscal, and specific program standards required by the Older Americans Act (OAA) and Older Californians Act (OCA).

This report includes:

- Recap of the standards monitored during the visit.
- Recognition of best practices or models of service delivery discovered during the monitoring visit that will be shared with the aging network by posting a notice on CDA's website.
- Documentation of the technical assistance on specific program standards provided to the AAA during the monitoring visit.
- Findings and corrective actions.

Throughout the report, we use either A1AA or AAA to refer to Area 1 Agency on Aging. In every instance, the two terms are synonymous.

## **RECAP/OVERVIEW OF MONITORING VISIT**

This section provides a recap of the standards monitored during the visit and the recognition of the AAA staff that assisted CDA to accomplish its work.

### **AAA Administrative Review**

#### **Governing Board**

A1AA serves Del Norte and Humboldt counties. This PSA makes up the extreme northwest corner of California, beginning at the Oregon border to the North, Pacific Ocean on the West, Trinity County on the East, and Mendocino County to the South.

Geri Baucom and Sandi Hartsock met with Tom Rowe, Governing Board Chair, and Joan Rainwater-Gish, Governing Board Vice President, to determine if the Governing Board, as the policy-making body of the AAA, recognizes and fulfills its roles and responsibilities as required by all regulations, laws, and contracts. The Board reviews and approves the annual budget, monitors progress of the Area Plan goals and objectives, targets service funding, and sets policy for the Agency through the following committees: Fiscal and Audit, Contract Review, Personnel, Building, and Membership. The numerous committees meet prior to monthly Board meetings. It takes approximately two weeks to get an item on the Board agenda.

Over the last year, the main focus for the Governing Board was to recruit a new Executive Director. The Board hired the new Director, Cynthia Denbo, approximately eight months ago. The Governing Board and the AAA's focus has been acquiring a new building to consolidate all services of the AAA into one location. This was accomplished with the help of an endowment, and A1AA will be moving into the new building this summer. A1AA and the Governing Board are excited and feel this is a positive move for the AAA.

#### **Advisory Council**

Geri Baucom and Sandi Hartsock met with Nancy Wilson, Advisory Council Chair, to determine if the Advisory Council is provided the opportunity to (1) advise the AAA on all matters related to the development and administration of the Area Plan and all operations conducted under the plan, and (2) further the AAA's mission of developing a community-based system of care for older persons living within the PSA. The Advisory Council is a 16-member body. Members serve a three year term with the option of serving an additional three years. The council meets ten times a year. Advisory Council standing committees include an Executive Committee, Legislative Committee, Transportation Committee, and Health Committee. In addition, Ad Hoc committees are activated when necessary such as an Area Plan/Year End Review Committee and Contracts Committee.

Advisory Council members visit Senior Centers in Humboldt and Del Norte counties to discuss the seniors needs. The members are also in charge of holding the public hearings. The Advisory Council has a good working relationship with A1AA and the

Council is connected with the two counties they serve. One of the current challenges for the Advisory Council is finding the ethnic representation needed for this council. Ms. Wilson was open to recruitment suggestions.

#### Staffing and Organization

Tasha Wilson met with Cynthia Denbo, AAA Executive Director, and Marianne Nix, Director of Agency Services, to determine if the AAA has an adequate number of trained staff to administer programs to older individuals living within the PSA.

Ms. Wilson reviewed the Area Plan budget, duty statements, desk manuals, and the Personnel Procedures Manual and determined that personnel practices and procedures have been established and are well maintained. Job related training is encouraged, and each staff member has a training log that is created and reviewed as part of their yearly evaluation. Staff regularly attend trainings provided by CDA at C4A conferences and the Planners Academy. In addition, A1AA utilizes volunteers for mailings, newsletter preparation, shredding, sending thank you cards, and preparing volunteer packets.

#### Procurement/Contract Process

Sandi Hartsock met with Christina Fritschi, Consulting Contract Manager, to determine if the AAA has established systematic procedures for the award and administration of contracts in the Area Plan and to ensure A1AA awarded contracts through an open and competitive process. All documentation for this standard was reviewed. The latest RFP was issued in February 2008 for Nutrition, Ombudsman, Legal, Adult Day Health Care, Linkages, ADCRC, and Brown Bag. There were no grievances or appeals filed as a result of the RFP process.

#### Area Plan Achievement

Tasha Wilson met with Julie Sessa, Planner, to determine if A1AA has a process for monitoring and tracking the progress of goals and objectives in the current approved Area Plan. Fiscal, program, and data staff work collaboratively to develop the Area Plan. The AAA holds regular meetings for development, staff review, and monitoring the progress of Area Plan goals and objectives. These meetings are documented in a Development Timeline. Adjustments are made to goals and objectives through the Year End Report and Area Plan Update as necessary.

#### Targeting/Needs Assessment

Tasha Wilson met with Julie Sessa, Planner, to determine if A1AA develops outreach methods that target older individuals with the greatest economic or social needs with particular attention to low-income, minority individuals who live within the PSA. A Senior and Caregiver Survey was completed in January 2005. A total of 3,000 needs assessment surveys were distributed and 507 were returned. Surveys were available in English and Spanish and were distributed by Advisory Council members, service providers, and I&A staff. Distribution sites included churches, libraries, senior residences, lunch sites, Rancherias, and public health clinics. A1AA actively participates in community events and health fairs throughout the PSA and coordinates with other organizations such as the Dementia Coalition, Latino Net, Tri County Independent Living Center, and the Hoopa Reservation to ensure targeted populations

are aware of available services. In addition, a service team of community service specialists conduct outreach activities in at least four rural or remote areas per year.

#### Community-Based System of Services

Tasha Wilson met with Cynthia Denbo, AAA Director, Marianne Nix, Director of Agency Services, and Julie Sessa, Planner, to discuss steps the AAA has taken to develop a coordinated system of community-based services within the PSA. A1AA staff frequently coordinate with outside organizations and agencies. A1AA, Humboldt County Library, Times-Standard, Eureka Chamber of Commerce, and News Channel 3 worked collaboratively to organize a series of programs celebrating seniors and promoting health, safety, and independence for older adults during Older Americans Month. In addition, A1AA staff participate in meetings of the Community Health Alliance of Humboldt and Del Norte Counties to stay informed of all health and wellness activities and collaborate on projects that benefit seniors. A1AA also facilitates the Strength Training Resources for Osteoporosis Northcoast Group (STRONG) Task Force to promote healthy living and serves on the Executive Board of the Community Health Alliance (CHA) to collaborate on improving access to health care. A1AA is well known in the community through participation in health fairs, senior events and health screenings. A1AA also makes good use of local television news stations, news papers, and radio to promote services and advertise events.

#### Management of Service Providers

Sandi Hartsock met with Christina Fritschi, Consulting Contract Manager, to determine if the AAA effectively communicates with, disseminates policies to, and monitors its service providers. A1AA created a comprehensive contract manual and provides it to all service providers. Any updates to the manual are sent to the service providers as needed. At the four and seven month markers, the AAA monitors the service provider's contractual level for fiscal expenditures. If the service provider is off more than ten percent, A1AA sends the service provider a letter. A1AA provides one-on-one technical assistance to service provider staff, both fiscal and program, when necessary.

#### Data Reporting

Phil Carr met with Christina Fritschi, Consulting Contract Manager, to review data collection procedures and to ensure data reporting processes are in place at all levels in order to improve the quality of data reported. All reports have been completed timely and are very accurate. The Procedures Manual includes all required elements and is considered a "best practice". Ms. Fritschi is very knowledgeable and up to date on data reporting requirements.

#### AAA Fiscal Review

Vern Foster met with Elaine David, Fiscal Officer, to review the fiscal systems of the AAA. Financial standards reviewed were Financial Reporting, Budget Control, Allowable Costs, Internal Control, Accounting Records, and Cash Management. Geri Baucom reviewed the service provider contract language for fiscal requirements. A1AA fiscal staff use SAGE MIP Fund Accounting program as well as Excel Variance Spreadsheets for reporting and tracking salaries and wages, expenditures, and funding

sources. Ms. David uses SAMS NAPIS Reporter to process and submit monthly reports to CDA. A1AA staff maintain an organized file for supporting documentation.

### **Specific Program Reports—Older Americans Act Programs**

#### **Title III B—Supportive Services (General)**

Scott Crackel met with Marianne Nix, Director of Agency Services, and Todd Metcalf, Volunteer Program Manager, to review their Title III B Program and Monitoring Tool, completed prior to the onsite assessment. The major areas discussed included the development of community-based services, program operations, and administrative programmatic procedures. The AAA maintains proper documentation for its Title III B operations.

#### **Title III B—Adult Day Health Care (ADHC)**

Kathleen Hendrickson met with Christina Fritschi, Consulting Contract Manager, to review the ADHC program. A1AA contracts with the Humboldt Senior Resource Center to provide ADHC services in Eureka and Fortuna. Title III B provides days of attendance for persons eligible for the ADHC program. Ms. Hendrickson reviewed the contract, RFP, and last program monitoring conducted by A1AA on March 7, 2008. Ms. Hendrickson and Ms. Fritschi also visited the Humboldt Senior Resource Center Adult Day Health Care/Alzheimer's Day Care Resource Center in Eureka.

#### **Title III B—Information and Assistance (I&A)**

Scott Crackel conducted an assessment of the I&A program by reviewing the monitoring tool and related documents with Marianne Nix, Director of Agency Services, Tom Collins, I&A Manager, and Vickie Okey, I&A Resource Specialist. A1AA provides direct I&A services in Humboldt and Del Norte Counties. Mr. Crackel also reviewed the computerized I&A log-in and follow-up management systems and the A1AA Information Directory of Senior Caregiver and Disability Services.

Separately, Mr. Crackel met with Ms. Nix and Todd Metcalf, Volunteer Program Manager, to discuss the Emergency and Disaster Preparedness Program. Mr. Crackel reviewed the I&A/Emergency and Disaster Preparedness Monitoring Tool and examined the Emergency and Disaster Preparedness training plans.

#### **Title III C—Elderly Nutrition Program (ENP)**

Barbara Estrada met with Deborah Krzesni, Registered Dietitian (R.D.), to assess the ENP. Ms. Estrada reviewed the donation requests; current approved menus; home-delivered meal policies and procedures; AAA assessment tool for the annual ENP review; corrective action plans; nutrition education and in-service training agendas, schedules, and evaluations; ENP contracts; ENP participant survey results; and the CDA ENP monitoring tool.

Ms. Estrada conducted an onsite assessment of four nutrition service providers:

- Humboldt Senior Resource Center was reviewed with the help of Cheri Beechel, Assistant Director of Services, Rosalie Sampson, Nutrition Coordinator, and Chris Corbin, Food Service Manager.



- Healy Senior Center was reviewed with the help of Mish Lewis, Executive Director.
- Del Norte Senior Center was reviewed with the help of Cyndie Brande, Executive Director, Tari Hatfield, Title III C-1 Coordinator, and Tracy Lawson, Title III C-2 Coordinator.
- Kimaw Medical Center (aka: Hoopa Senior Center) was reviewed with the help of Jan Hesse, Nutrition Program Coordinator, and Debbi Lewis, Assistant Cook.

The assessments included evaluating the home-delivered meal and congregate meal delivery systems, central kitchens, menus, dining sites, and quarterly client eligibility assessments.

### **Title III D—Disease Prevention and Health Promotion**

Barbara Estrada met with Deborah Krzesni, R.D., and Julie Sessa, Planner, to discuss the Title III D Disease Prevention and Health Promotion program. Title III D funding is used to provide STRONG (an osteoporosis prevention program), Preventive Health Care for the Aging program, five clinics for preventive health care screening in rural locations, and home modifications for 15 clients.

The Medication Management program provides the medication management prescription (Rx) checkbook. This checkbook system provides an organized format to track medications and includes other pertinent information. The checkbook layout is easy for the senior to carry and provides key healthcare information. There are places to list healthcare providers, food and medical allergies, prescribed medications, over the counter medications, and emergency contacts.

### **Title III E—Family Caregiver Support Program (FCSP)**

As the newest program to be incorporated into the OAA, FCSP is continuing a strong ramp-up phase for evolving comprehensive, coordinated, and cost-effective systems to help minimize the negative emotional, physical, and financial consequences of unpaid family caregiving. Title III E federal funds are intended for use as a catalyst by AAAs in generating local capacity to address this need.

A1AA responsibilities for implementing FCSP evolved at about the same time funding ended for a three-year “*Caregiver Support Project*” funded through The California Endowment. According to A1AA, the purpose of this \$643,000 project was to develop 1) a caregiver training curriculum that would result in 100 graduates per year, 2) a caregiver registry to screen caregivers and match them with those in need of services, and 3) continued educational opportunities. This new project has been successful in meeting growing demands for trained caregivers, who are paid either through the In-Home Supportive Services program or directly by the client.

A1AA used FCSP funds to support continuation of the Caregiver Support Project after the three-year start-up phase. However, this project was not consistent with OAA expectations. A1AA staff became aware of the problem after review of new FCSP guidance provided to all AAAs on February 11, 2008. Marianne Nix, Director of Agency

Services, talked with Joel Weeden prior to the monitoring visit to alert him of the AAA's concerns. Therefore, Mr. Weeden's onsite review of the AAA and meeting with staff evolved around ways to revise the FCSP planning process and delivery of FCSP direct services to ensure compliance with federal expectations.

Ms. Nix was an excellent collaborator throughout the FCSP review, and encouraged A1AA staff to capitalize upon the availability of CDA monitors for seeking guidance on ways to enhance existing AAA systems. Julie Sessa, Planner, sought feedback on ideas for streamlining the Area Plan process in relation to FCSP. An in depth review of the procurement process was provided by Christina Fritschi, Consulting Contract Manager. Tom Collins, I&A Manager, along with Vicki Okey, I&A Resource Specialist, demonstrated the AAA's effective and caring approach to working with families and explored data collection needs. Michelle Guthrie, Resource Specialist, for the Caregiver Support Project, delivered several comprehensive case studies of caregivers receiving home modifications to help with care responsibilities.

### **Specific Program Reports—Older Californians Act Programs**

#### **Health Insurance Counseling and Advocacy Program (HICAP)**

Steve Miars met with Ann Conrad-Antoville, HICAP Program Manager, to discuss responses to the HICAP monitoring tool prepared by the Area Agency. Program operations and data reporting were explored in detail to assure contract and program compliance.

#### **Alzheimer's Day Care Resource Center (ADCRC)**

A1AA contracts with the Humboldt Senior Resource Center to provide ADCRC services in Eureka and Fortuna. Kathleen Hendrickson met with Christina Fritschi, Consulting Contract Manager, to discuss the ADCRC program. Ms. Hendrickson reviewed the contract, RFP, and the last monitoring of the ADCRC program which was conducted on March 7, 2008. Ms. Fritschi used the Core Elements tool for monitoring. The tool has been adapted into a self-assessment tool that is completed by site staff before the onsite monitoring and used during the visit.

Ms. Hendrickson and Ms. Fritschi accompanied Maggie Craft, Site Director, on a tour of the Humboldt Senior Resource Center. An Alzheimer's center is being built next door to the current center. Ms. Craft provided information about the construction of the building and the services that will be provided. The building will provide services to persons with Alzheimer's and will be a resource center for the community. There will be a lending library and staff available to speak to visitors. The center is scheduled to open December 2008. The current site will remain open and continue to operate as an Adult Day Health Care center.

#### **Brown Bag**

Barbara Estrada met with Deborah Krzesni, R.D., to review the Brown Bag monitoring tool. A1AA contracts with Food for People, to provide Brown Bag services in the PSA.

**Linkages**

Kathleen Hendrickson met with Christina Fritschi, Consulting Contract Manager, to discuss the Linkages program provided by the Humboldt Senior Resource Center in Eureka. Ms. Hendrickson reviewed the contract, RFP, and the last onsite monitoring of the Linkages program which was conducted on October 31, 2006. Ms. Fritschi conducted a thorough monitoring of the program using the Chart Review and Self-Assessment tools. Fiscal monitoring was conducted on January 9, 2007. The next onsite monitoring visit is scheduled for April 28-29, 2008.

## **BEST PRACTICES OR MODELS OF SERVICE DELIVERY**

Best practices or models of service delivery discovered during the monitoring of Area Agencies on Aging (AAAs) are being identified by the California Department of Aging (CDA) to share with the aging network and other agencies or individuals interested in developing senior services in their community.

Listed below are either best practices or models of service delivery identified during the monitoring visit and discussed at the Exit Conference conducted by CDA. We will place on CDA's website, a list of these best practices or models of service delivery along with the AAA staff you select to provide guidance to individuals seeking information on specific activities, programs, and services.

### **Community-Based System of Services**

#### Community Coordination Efforts

A1AA participates in numerous coordination committees ensuring service coordination and providing better opportunity to serve seniors living within the PSA. Coordination efforts include partnering with organizations such as American Red Cross, Southern Humboldt Emergency Planning Committee, Volunteer Organizations Active in Disaster (VOAD), and Social Services Transportation Advisory Committee (SSTAC). In addition, A1AA continues to coordinate with several Native American Rancherias in order to provide services for tribal elders.

### **RFP/Contracts**

#### Clear Contract Language

A1AA's service provider contract language incorporates Code of Federal Regulations, California Code of Regulations, and CDA contract language in an easy to read format. The Consulting Contract Manager reviews contract language annually to identify any changes issued by CDA and includes those changes in the new contract. The consultant that is in charge of the RFP/contract process understands the process and is a great resource for both A1AA and the service providers.

### **Data**

#### Data Reports Completion Manual

A1AA has a complete procedures binder that provides a step by step guide to completing all data reports. The detailed binder includes all reporting guidelines in one location. If necessary, an untrained staff person would be able to follow the guidelines and prepare any report.

### **Disaster Preparedness**

#### Voluntary Organizations Active in Disaster (VOAD) Participation

A1AA Staff participates in the Humboldt County's VOAD Program. This program links traditionally prominent disaster/emergency lead agencies such as Police, Fire, and Office of Emergency Services, with volunteer based organizations such as the United Way and Human Service Agencies. This coordination taps the strengths of all parties,

while providing more seamless integration of preparation and response to disasters and emergencies and promotes synergistic and thorough disaster/emergency networking.

### **Family Caregiver Support Program (FCSP)**

#### Toll-Free I&A Access Phone Number for Long-Distance Caregivers

The geographic area comprising A1AA's service area offers unique small-town and natural characteristics that attract older individuals seeking retirement opportunities. This small-town and rural lifestyle comes with an independent feeling where families will care for their own. However, retirement-related migration often becomes a barrier to facilitating family caregiver support networks. A1AA has augmented its Title III E funded Caregiver I&A system with a toll-free number, thereby allowing long-distance caregivers to have easy access to the AAA's array of services.

#### Title III E (AAA) & Title VI Part C (Native American) Family Caregiver Collaborative Support System

The Older Americans Act (OAA) Amendments of 2000 authorized that funding be provided to both the AAA and Indian Tribal Organizations for creation of multifaceted systems of support services for unpaid family caregivers. A1AA has established an inter-agency relationship with Blue Ridge Rancheria. This tribal organization has awarded OAA funds to the local AAA in order to support the needs of those Title VI Part C eligible caregivers caring for Native American Elders.

### **Alzheimer's Day Care Resource Center (ADCRC)**

#### Core Elements Tool Conversion to Self-Assessment Tool

AAAs are required to use the Core Elements tool to monitor the ADCRC program. Typically this tool is completed by an AAA staff person during an onsite monitoring visit. A1AA has converted this tool to a self-assessment tool that their ADCRC service provider is required to complete before the onsite monitoring visit. The tool lists the compliance indicators for the site and allows space for the service provider to provide information concerning how they are meeting the compliance indicators.

### **Health Insurance Counseling and Advocacy Program (HICAP)**

#### Paperless Data Collection System

A1AA HICAP has developed and implemented a paperless web-based Intake and Data Reporting system on Microsoft Access. The database is an effective and efficient tool that supports the staff in providing services, analyzing performance, and submitting required reports in a timely manner.

## TECHNICAL ASSISTANCE

One purpose of the monitoring visit is for CDA staff to provide technical assistance to AAA staff on specific program standards that did not rise to the level of a finding that would require formal corrective action. Detailed below is specific technical assistance provided during the monitoring visit.

### **Advisory Council**

CDA staff reviewed the Advisory Council by-laws and noted that there was not a documented process to appeal being removed from the Council. It was suggested by CDA staff that the next time the Advisory Council amends their by-laws, they add an appeals process.

### **Area Plan**

A1AA's Area Plan is thorough and informative. CDA staff found some areas of the Area Plan could be streamlined to decrease work load without altering the quality of the Plan. For example, the section regarding public hearings contained multiple pages of documented public testimony; however, no changes were made as a result. Public comment can be summarized and not documented word for word. Also, A1AA had an unusually large number of PD or C objectives. CDA staff reviewed the definitions for PD or C with A1AA staff and encouraged them to keep their number of documented goals and objectives at a level that could be maintained and accomplished.

### **Title III B – Supportive Services**

CDA staff reviewed a sample volunteer survey that is provided to volunteers annually regarding their level of work satisfaction. Although this action is commended, it was recommended that surveying volunteers be done more frequently, such as quarterly. More frequent assessments would show the true level of satisfaction over time, and facilitate adjustment of volunteer-management practices if needed.

### **Title III B – Information and Assistance**

#### Information and Assistance

A1AA was encouraged to conduct small, random customer satisfaction surveys, at least quarterly, and CDA staff suggested the surveys include the following questions:

- (1) How would you rate the service of Information and Assistance staff?

**Very Helpful      Helpful      Fair      Poor**

- (2) Were you able to access the program(s) you were referred to?

**Yes      No      N/A**

- (3) If you needed Information and Assistance services again, how likely would you call the I&A program?

**Very Likely      Likely      Unsure      Unlikely      Very Unlikely**

- (4) Do you have any additional comments?

CDA staff explained the benefits of using customer satisfaction survey results to demonstrate accomplishments and gain additional resources. A1AA could decide the sample size and if they wanted to conduct the survey over the telephone or by mail.

#### **Alliance of Information and Referral Systems (AIRS) Certification and Training**

CDA staff encouraged A1AA to promote AIRS certification of the I&A Representatives within the PSA. The AAA was provided the following training resources:

- Title 22 Regulations pertaining to I&A;
- National Association of State Units on Aging (NASUA) Support Center and Online Guide for Developing Aging Competencies for Information and Referral/Assistance Specialists;
- AoA's Vision 2010: Towards an Aging Information Resource System for the 21<sup>st</sup> Century;
- AIRS Assessment and Implementation Guide; and
- AIRS Standards for Professional Information and Referral

#### **Title III C—Elderly Nutrition Program**

##### **Contracts**

Evaluation of the FY 2007/08 contract language found references to the California Uniform Retail Food Facility Law rather than California Retail Food Code and the Recommended Daily Amount (RDA) instead of Dietary Reference Intakes (DRI). CDA staff was assured that the language had been updated for the FY 2008/09 contracts. In addition, CDA staff specified that the old language for the superseded meal component standards must be eliminated.

##### **Healy Limited Service**

The Healy Senior Center provides service three days a week which is noted in the contracts but not in the RFP. CDA staff informed A1AA staff that the RFP should clearly discuss the expectation of limited service so all potential bidders are informed.

##### **“To Go” Meals**

At the Healy Senior Center seniors were asked if they needed “To Go” meals. The Healy Senior Center has a policy in place to use the Determine Nutrition Risk Screening as an assessment of need for “To Go” meals. CDA staff recommended A1AA follow-up to ensure the policy is being followed.

##### **Waiting lists**

Several sites in PSA 1 have waiting lists for the home-delivered meal program. CDA staff advised that the waiting list numbers should be included as part of the needs assessment information for the development of the Area Plan.

#### **Family Caregiver Support Program**

##### **Multifaceted Systems of Caregiver Support Services**

Section 373(a) of the OAA requires that the use of FCSP funds shall enable the provision of services within five federal service categories, and that multifaceted systems shall be available for both caregivers of an older adult and older relatives caring for a child. A1AA was provided with guidance on how to adapt its service system

to improve flexibility and responsiveness in accordance with the revised FCSP Service Matrix [PM 08-03 (P)].

#### Assessment of FSCP Caregiver Needs

A1AA staff were still of the understanding that AAA planning procedures needed to be consistent with the Needs Assessment Guidelines and Core Questions from May 31, 2000, as specified in PM 00-12 (P). However, these CDA guidelines were developed prior to the creation of FCSP and, therefore, did not incorporate core questions for surveying family caregivers. A1AA was provided suggestions on how to adapt its community assessment process to incorporate an assessment of FCSP-eligible caregivers.

#### Paid Care Worker Services vs. Unpaid Caregiver Support

Section 373(a) of the OAA requires that FCSP funds shall be used to assist our fragile unpaid family caregiver support networks, as defined in Section 302(3); with priority given by these FSCP-funded programs to those with greatest social and economic needs [Sections 372(b) and 373(c)(2)]. A1AA offers an excellent array of printed and electronic resource materials, but the caregiver-related information focused on the provision of long-term care services, rather than acknowledging the family caregiving role and the availability of support services to help with these responsibilities. A1AA was provided with guidance on how to distinguish its paid care workers service from FCSP's support for unpaid family caregivers.

#### FCSP Caregiver Eligibility Tied to Care Receiver Profile

Section 373(e)(2) of the OAA requires AAAs, or the entities that they contract with, to maintain records and report data in order to ensure program compliance and evaluate the effectiveness of publicly-funded services. In order to be eligible to receive certain FCSP services, a caregiver must meet criteria specified in Section 373(c)(1) of the OAA and the NAPIS Reporting Requirements for Title III and VII. Both the caregiver and his or her care receiver must meet certain profile requirements. A1AA staff members were aware of these eligibility requirements, but Annual Profile Report data submitted for FY 2006/07 provided data for 681 caregivers, and only 154 care receivers. A1AA was provided guidance on the underlying intent of FCSP data collection and on requirements linking a caregiver's eligibility to one or more care receiver profiles.

#### **Alzheimer's Day Care Resource Center (ADCRC)**

In a review of documents for the ADCRC program, CDA staff found that the requirements for ADCRC staff in-service training lists two different requirements in the RFP and contract. In one section, the requirement for staff in-service training is listed as six trainings per year. Another section lists the requirement as eight trainings per year. The requirement from the ADCRC manual is for six trainings per year; however, the AAA can increase the amount required. A1AA should delete the reference to six trainings a year in the contract and RFP to avoid confusion.

As of January 1, 2008, all ADCRCs must be licensed as either an Adult Day Care or an Adult Day Health Care. A1AA's current contract and RFP do not include this



requirement. A1AA staff was advised that licensing language must be added to the contract and RFP.

**Linkages**

In a review of documents for the Linkages program, CDA staff found that the AAA copy of the Linkages manual contained both the old and new Applications and Consent forms. To avoid confusion, CDA staff recommended that the old forms be removed from the manual.

## FINDINGS REQUIRING CORRECTIVE ACTION

Included below are the findings that led to the corrective actions detailed in the Report of Required Corrective Actions presented to AAA staff at the April 24, 2008, Exit Conference conducted by CDA. The Report of Findings and Corrective Actions sent to the AAA on June 18, 2008, is incorporated into this final report.

### **AAA Administrative Review**

#### **Advisory Council**

California Code of Regulations (CCR) Section 7302(a)(12)(D) states in part that the composition of the Advisory Council should represent the percentage of the Planning and Service Area's (PSA) older population and race and ethnicity for each of the following categories:

1. White
2. Hispanic
3. Black
4. Asian/Pacific Islander
5. Native American/Alaskan Native
6. Other

Hispanic individuals represent 2.1% of the county population, while 0% of the Advisory Council members are Hispanic. This leaves the Council with reduced representation on issues that impact Hispanic individuals.

**Corrective Action:** Recruit Advisory Council members that represent the ethnic composition of the community with particular emphasis on recruiting Hispanic individuals.

#### **Staffing and Organization**

CCR Section 7318(h)(1) requires a schedule of paid personnel costs by position title and funding category. In a letter confirming the monitoring visit, CDA requested a current AAA organizational chart to compare with the personnel pages of the Area Plan Budget submitted to CDA. CDA staff was unable to match the personnel percentages in the Area Plan and HICAP Budgets to the organizational chart percentages.

**Corrective Action:** Ensure the organizational chart submitted to CDA identifies each personnel classification funded by OAA/OCA resources and includes staff name and title, the percentage of Full-Time Equivalent to each funding source, and agrees with the Schedule of Paid Personnel Costs in the Area Plan and HICAP budgets.

## **Procurement Process**

### **Section I—RFP Process**

CCR Section 7360(b) states in part that in the case of noncompetitive awards an AAA shall:

- (1) Verify all the proposed cost data and the projection of the data;
- (2) Evaluate the specific costs and profit, and
- (3) Maintain documentation to support the use of a noncompetitive award.

A1AA awarded a contract to the Humboldt County Department of Public Health to provide preventive health screening clinics and did not follow appropriate procurement procedures.

**Corrective Action:** Follow California Code of Regulations procurement documentation procedures for the informal selection of non-competitive, small awards.

### **Section II—Contract Process**

CCR Section 7354(b)(3) requires the IFB/RFP to include an estimate of the funding available. CCR Section 7364(a)(1) states in part that a contract between an AAA and a service provider shall include the selected bid/proposal. CDA staff reviewed A1AA's service provider contract language and discovered the Agreement for Services contained different funding amounts throughout the document.

**Corrective Action:** Ensure the contract amount referenced in the Agreement for Services is consistent throughout the entire document.

### **Management of Service Providers**

45 Code of Federal Regulations (CFR) 1321.67(2)(c) and (d) states in part that each service provider may develop a suggested contribution schedule for services provided. The service provider shall consider the income ranges of older persons in the community and the service provider's other sources of income. However, means tests may not be used for any services, and a service provider may not deny any older person a service because the older person will not or cannot contribute to the cost of the service. CDA staff reviewed monitoring tools and discovered that the AAA's tools do not include questions regarding the eligible clients and how the service providers are asking for and receiving voluntary contributions. Therefore, the AAA is not verifying that service providers are meeting voluntary contribution requirements.

**Corrective Action:** Expand onsite program monitoring to include verification that voluntary contribution procedures meet all CDA requirements.

## **AAA Fiscal Review**

### **Allowable Costs**

According to 45 CFR 92.20(b)(5), AAAs shall establish a system that uses applicable OMB cost principles, agency program regulations, and the terms of awards in determining the reasonableness, allowability, and allocability of costs. A1AA awarded \$2,000 of Title III D funds to the Humboldt County Department of Public Health to provide preventive health screening clinics. The Service Agreement between A1AA and the County of Humboldt did not contain sufficient detail to determine the allowable costs of the agreement, nor were there any reporting requirements specified. In addition, the invoice submitted by Humboldt County Department of Public Health for services delivered in FY 2006/07 only contained a request for payment in full and did not identify specific costs incurred. Therefore, A1AA was unable to determine that funding was used for allowable costs.

**Corrective Action:** Ensure all Service Agreements provide enough detail to verify allowable costs.

**Corrective Action:** Ensure invoices contain enough detail to determine funds were spent on allowable costs.

## **Specific Program Reports—Older Americans Act Programs**

### **Title III B—Information and Assistance (I&A)**

Pursuant to CCR Section 7537, the I&A service provider shall follow-up on each referral to ascertain if the older individual's service needs were met. A1AA does not have an adequate standardized procedure to ensure completion of follow-ups and documentation of outcomes for each client that is referred to a service within 30 days of the referral.

**Corrective Action:** Develop and implement a standardized follow-up procedure to ensure completion of follow-ups and documentation of outcomes for each client referred to a needed service, within 30 days of the referral, to ascertain if the individual's service needs were met.

### **Title III B—Adult Day Health Care (ADHC)**

CDA's Area Plan Standard Agreement, Exhibit A, Article I(13) defines the eligible service population for Title III (except for Title III E) as individuals 60 years of age or older, with emphasis on those in economic and social need with particular attention to low income minority individuals and older individuals residing in rural areas. A1AA awarded a contract to the Humboldt Senior Resource Center (HSRC) to provide Title III B Adult Day Health Care services. The service provider contract states that the program is an "ADHC respite scholarship" and the "purpose of attendance is to provide respite to

family members providing care for an eligible relative”. Because this program is funded with Title III B, eligibility for services should not require a potential participant to have a caregiver.

**Corrective Action:** Ensure that Title III B Adult Day Health Care services are available to seniors 60 and older who meet the eligibility requirements of the Adult Day Health Care program.

### **Title III C—Elderly Nutrition Program (ENP)**

CCR Section 7638.9(f) states that the service provider shall ensure the amount of the eligible participant’s contribution is kept confidential and the service provider shall establish written procedures to protect contributions and fees from loss, mishandling, and theft. The donation box at HSRC did not have a lock on it. The box could easily have been opened to remove the donations.

**Corrective Action:** Require the HSRC to ensure the secure handling of donations by placing a lock on the donation box.

Section 315(b)(4)(B) of the OAA states that providers must clearly inform each recipient there is no obligation to contribute and the contribution is purely voluntary. Del Norte Senior Center uses the language “minimum donation” in their contribution request. Minimum implies that no less than this amount may be donated which can be interpreted as requiring a donation.

**Corrective Action:** Ensure all requests for donations at Del Norte Senior Center indicate “suggested donation” not “minimum donation” and participants are informed that services will not be denied to any individual who does not contribute to the cost of meals.

Section 315(b)(4)(B) of the OAA states that service providers must clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary. Healy Senior Center set their “suggested donation” between \$4.00 and \$6.00. This implies a minimum donation of \$4.00.

**Corrective Action:** Ensure the sign on the donation box at the Healy Senior Center of Southern Humboldt indicates “suggested donation \$4.00” not “suggested donation \$4.00-\$6.00”, which implies a minimum donation.

### **Title III E—Family Caregiver Support Program (FCSP)**

Section 302(1) of the OAA requires that all supportive services (including FCSP) be provided in a manner that facilitates accessibility to, and utilization of, the services provided within the AAA’s PSA. In addition, Section 302(3) of the OAA specifies that FCSP support for the “family caregiver” is limited to those providing “informal” care. The Administration on Aging has defined “informal” caregiver as “an adult family member or another individual who provides care without pay”. A1AA public information materials (e.g., website, service directory, and brochures) did not clearly

distinguish its FCSP funded services from the agency's "paid" caregiver training and registry program that was initiated through a grant from The California Endowment. As a result, those eligible to receive FCSP assistance could have the impression that they would have to be screened, trained, willing to help others, and eventually paid for their services.

**Corrective Action:** Ensure public information for FCSP identifies all Title III E funded services and clearly distinguishes this multifaceted system serving unpaid caregivers from the services provided to professional (paid) caregivers.

CDA's Standard Agreement, Exhibit B, Article I(H), and OMB Circular A-133 provide guidance for what may be considered an eligible matching contribution. In general, contributions (cash or in-kind) satisfy a Title III E matching requirement if they result in services for FCSP clients that otherwise would have been an allowable Title III E expenditure. The A1AA staff acknowledged that a significant portion of the budgeted and reported match for FCSP reflected costs associated with the AAA's "Caregiver Services" program. This program is a free registry that lists trained and prescreened homecare workers for both In-Home Supportive Services and private pay referrals. Individuals providing care through employee arrangements are not considered eligible for "family caregiver" assistance under FCSP; therefore, the costs would not satisfy Title III E matching requirements.

**Corrective Action:** Ensure matching contributions budgeted for FCSP are allowable and spent on support services provided to Title III E eligible unpaid caregivers.

Section 374 of the OAA specifies that FCSP funds are to supplement, and not supplant, the costs of other already existing AAA services and operations. Federal cost principles allow AAAs to spread operating costs between programs and organizations, as long as each program pays its fair share of costs in accordance with the benefits received. The A1AA splits its "Caregiver Services" program costs between the Title III E award and other funding sources, but does not have a system in place to distinguish and track performance for the various funding sources. Since this caregiver services program's initial intent was to meet the demand for "paid" caregivers (i.e., care workers) and public information materials still primarily promote this service, budgeted and reported personnel costs for the two Resource Specialists (42% to 65% Title III E) may not reflect actual FCSP activity.

**Corrective Action:** Follow federal cost principles to ensure FCSP pays its fair share of costs in accordance with the benefits received when delivering unpaid caregiver support services in collaboration with professional (paid) caregiver programs.

Section 373(e)(2) of the OAA requires that data is collected and maintained in order to evaluate and compare the effectiveness of services provided with

Title III E funding for the AAA's array of FCSP services. With the financial support of The California Endowment, the A1AA has formulated an excellent Caregiver Training Class. This direct service is offered to both paid care workers and unpaid family caregivers. The AAA did not include this direct Caregiver Training as part of its budgeted FCSP array of services, but has been including the delivery of this service within its FCSP Quarterly Service Report, which has resulted in a significantly inflated performance for the relatively small Title III E allocation of under \$2,000.

**Corrective Action:** Report FCSP performance units for only those services provided to Title III E eligible caregivers through the AAA's multifaceted system of unpaid caregiver support services.

Section 373(e)(1) of the OAA requires the State to establish standards for the federal caregiver support service categories specified in Section 373(b) and then assure services are provided in accordance with these standards. CDA provided these specifications within its FCSP Services Matrix [PM 03-10 (P)]. According to this Matrix, the performance measurement for Comprehensive Assessment is one hour. However, in a review of the AAA's internal Caregiver Services Monthly Summary, the measurement for this service was one-half hour. As a result, past FCSP Quarterly Service Reports submitted by A1AA most likely contained inaccurate performance data.

**Corrective Action:** Utilize the unit measurements contained in CDA's Service Matrix when tracking and reporting FCSP performance.

Section 373(c)(1)(B) of the OAA limits the provision of FCSP respite care and supplemental services to caregivers caring for older adults that meet the definition of "frail." As specified in Section 102(22)(A)(i) and (B) of the OAA, "frail" means the older care receiver cannot perform at least two Activities of Daily Living (ADLs) or, due to cognitive impairment, requires substantial supervision. Federal ADL categories are eating, toileting, bathing, dressing, and transferring in or out of a bed or chair. The A1AA intake form for Title III E Caregiver Support Services provided for the documentation of ADLs. However, the review of client records revealed that in one situation care receiver "frailty" was not documented.

**Corrective Action:** Ensure FCSP caregivers receiving supplemental services are caring for older care receivers who meet the OAA definition for "frail."

CDA's Standard Agreement, Exhibit A, Article II(A)(13) requires AAAs to annually monitor and evaluate service providers for performance, which further ensures compliance with Section 372(e)(2) of the OAA. Onsite assessments help AAAs maintain the integrity and public purpose of service delivery. At a minimum, AAAs must verify FCSP client eligibility, service quality, accuracy of

data, and maintenance of effort requirements specified in Section 374 of the OAA. The AAA did not conduct a regular monitoring of its contract with College of the Redwoods for Title III E Caregiver Training. Instead, the small expenditure of \$2,200 was handled as a purchase order with attached client record documentation. A review of these records revealed that three of the six training participants were paid care workers and one currently did not have any caregiving responsibilities. Client profile information was not provided for the other two participants. As a result, the AAA could not assure that this Title III E expenditure resulted in the training of FCSP-eligible family caregivers.

**Corrective Action:** Monitor College of the Redwoods to ensure FCSP training is provided to Title III E eligible, unpaid caregivers.